



July 21, 2023

Robin Bradshaw  
Director of Policy  
Division of Medicaid, Office of the Governor, Office of Policy  
Walter Sillers Building, Suite 1000  
550 High Street  
Jackson, MS 39201

Dear Ms. Bradshaw:

The undersigned organizations appreciate Mississippi's recent actions to improve tobacco cessation coverage for Medicaid enrollees in the states. We encourage the Division of Medicaid to work with the Centers for Medicare and Medicaid Services to implement these provisions quickly.

Tobacco use is the leading cause of preventable death and disease in the United States, responsible for the deaths of 480,000 Americans annually,<sup>1</sup> including more than 5,410 Mississippians.<sup>2</sup> Nationally, Medicaid enrollees smoke at a rate twice as high as individuals with private insurance (22.7% vs. 9.2%).<sup>3</sup> In Mississippi, 39.5% of Medicaid enrollees smoke- almost twice the rate of Mississippi's general population.<sup>4</sup>

Helping Medicaid enrollees who smoke quit, will save both lives and money. The United States Surgeon General concluded in the 2020 Report on Smoking Cessation, "Insurance coverage for smoking cessation treatment that is comprehensive, barrier-free, and widely promoted increases the use of these treatment services, leads to higher rates of successful quitting, and is cost-effective."

Comprehensive coverage included the seven Food and Drug Administration (FDA)- approved smoking cessation medications and three forms of counseling (individual, group and phone). While the Mississippi Medicaid program covers all seven medications, it currently only covers individual counseling for people who are pregnant. There is no coverage of group counseling and phone counseling coverage varies by plan.<sup>5</sup>

The proposed State Plan Amendment (SPA23-0024 Tobacco Cessation) would add to cover up to 12 tobacco cessation counseling sessions per year for all adults enrolled in Medicaid. Our organizations urge Mississippi's Division of Medicaid to specify that these tobacco cessation counseling sessions include individual, group and phone counseling for all Medicaid enrollees. This counseling treatment, as well as the cessation medications should be covered without barriers to access care, including cost-sharing, prior authorization and inclusion in monthly drug limits.

Quitting smoking reduces risk of poor reproductive health outcomes, cardiovascular and pulmonary disease and cancer and can improve the health of individuals with heart disease and chronic obstructive pulmonary disease( COPD).<sup>6</sup> Helping people quit smoking saves money – previous research shows for every \$1 spent on smoking cessation services, the state can save \$3 on medical expenses.<sup>7</sup> With a quarter of Mississippians enrolled in the state Medicaid program, helping these residents quit could make a significant impact.<sup>8</sup>

Covering all three forms of counseling for Medicaid enrollees will improve Mississippi's Medicaid coverage of cessation treatments to align with the Public Health Service Guideline's Treating Tobacco Use and Dependence and the United States Preventive Services Task Force recommendation. Recognizing how difficult it is to

overcome the addiction to nicotine, Mississippi Medicaid enrollees need all evidence-based treatment options available, without barriers to access.

Tobacco use is the leading cause of preventable death and disease in the United States and can exacerbate comorbid conditions. Helping all tobacco users quit improves health outcomes and reduces overall healthcare costs. Thank you for the opportunity to submit comments on this important policy proposal.

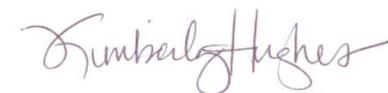
Sincerely,



Laken Camp  
Government Relations Director, Mississippi  
American Heart Association



Ashley Lyerly  
Senior Director of Advocacy, Southeast  
American Lung Association



Kimberly Hughes  
Government Relations Director, Mississippi  
American Cancer Society Cancer Action Network

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<sup>1</sup> U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.

<sup>2</sup> <https://www.lung.org/research/sotc/state-grades/highlights/mississippi>

<sup>3</sup> Cornelius ME, Loretan CG, Wang TW, Jamal A, Homa DM. Tobacco Product Use Among Adults — United States, 2020. *MMWR Morb Mortal Wkly Rep* 2022;71:397–405. DOI: <http://dx.doi.org/10.15585/mmwr.mm7111a1>

<sup>4</sup> Glantz SA. Estimation of 1-Year Changes in Medicaid Expenditures Associated With Reducing Cigarette Smoking Prevalence by 1%. *JAMA Netw Open*. 2019;2(4):e192307. doi:10.1001/jamanetworkopen.2019.2307

<sup>5</sup> American Lung Association. State Tobacco Cessation Coverage Database. Accessed at: <https://www.lung.org/policy-advocacy/tobacco/cessation/state-tobacco-cessation-coverage-database/states>

<sup>6</sup> U.S. Department of Health and Human Services. *Smoking Cessation. A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2020.

<sup>7</sup> Richard P, West K, Ku L (2012) The Return on Investment of a Medicaid Tobacco Cessation Program in Massachusetts. *PLoS ONE* 7(1): e29665. <https://doi.org/10.1371/journal.pone.0029665>

<sup>8</sup> “2021 Annual Report.” *Mississippi Division of Medicaid*, <https://medicaid.ms.gov/wp-content/uploads/2021/12/2021-Annual-Report.pdf>. Accessed 12 July 2023.